MAIN STUDY - ROUND 7`

COMMUNITY COMPONENT

MP. MEDICAL PROVIDER UTILIZATION AND EVENTS

MP1. (Besides what you have already mentioned), [Since (REF. DATE), (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any medical doctors?
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]
[SEE REFERENCE CARD FOR M.D. SPECIALTIES, IF NECESSARY.]

MPPRMDOC

YES	1	(MP2)
NO	2	(MP18)
REFUSED	-7	(MP18)
DON'T KNOW	-8	(MP18)

MP2. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

BOX MP1	a.	SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	***BOX MP2***
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1	***BOX MP2***
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(MP3)

MP3. Is (DOCTOR) associated with a facility of the Veterans Administration?

VAPLACE

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

BOX MP2	a.	SP BELONGS TO AN HMO (HI25=1 FOR ANY PLAN)	1	(b)
		SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS	2	(MP6)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER	1	(MP6)
		"HMO FLAG" CODED NO OR DON'T KNOW FOR THIS PROVIDER	2	(MP5)
		"HMO FLAG" NOT SET FOR THIS PROVIDER	3	(MP4)

MP4. Is (DOCTOR) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

HMOASSOC

YES	1	(MP6)
NO	2	(MP5)
REFUSED	-7	(MP5)
DON'T KNOW	-8	(MP5)

MP5. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

MP6. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVNTTYPE
EVNTPROV
EVBEGMM **EVBEGDD** **EVBEGYY**

BOX MP2A	CYCYLE THROUGH MP7 – MP16 FOR EACH MP DATE REPORTED. IF THE DATE FOR MP VISIT DOES NOT CONTAIN SHIFT/5 (%) FOR DAY AND IS EQUAL TO THE ADMISSION OR DISCHARGE DATE OR FALLS BETWEEN THOSE DATES FOR AQNY INPATIENT STAY FOR SP, OR IF THE MP VISIT DATE OR THE IP VISIT DATE = MISSING, GO TO MP6a. OTHERWISE, GO TO MP7.

MP6a. You told me (you were/SP was) a patient in a hospital on (MP VISIT DATE). Was this visit with (PROVIDER) on (MP VISIT DATE) a visit to (you/SP) while in the hospital?

MPIPSTAY

YES	1	***BOX MP2B***
NO	2	(MP7)
REFUSED	-7	(MP7)
DON'T KNOW	-8	(MP7)

BOX MP2B	CODE EVENT TYPE AS "SBD" EVENT. IF MORE DATES, GO TO ***BOX MP2A***. OTHERWISE, GO TO ***BOX MP6(b***).

MP7. Were any operations performed on (you/SP) during the visit on (FIRST/NEXT VISIT DATE)?
[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS

YES	1	(MP8)
NO	2	(MP10)
REFUSED	-7	(MP10)
DON'T KNOW	-8	(MP10)

MP8. What was the name of the operation or other surgical procedure?
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC

OPERATION 1: _____
OPERATION 2: _____
OPERATION 3: _____

MP9. What condition required the [READ SURGICAL PROCEDURES BELOW]?
[ENTER ALL CONDITIONS.]
CONDTION

BOX MP3	GO TO ***BOX MP2C***.

MP10. Was this visit to (PROVIDER) for any specific condition?

SPECCOND

YES	1	(MP11)
NO	2	***BOX MP2C***
DON'T KNOW	-8	***BOX MP2C***

MP11. What was the condition?
[ENTER ALL CONDITIONS.]
CONDTION

BOX MP2C	IF THIS VISIT ADDED THROUGH MP1, MP18, MP26, MP34, MP42 OR MP50, GO TO MP12. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO ***BOX MP4***.

MP12. During this visit to (PROVIDER), were any medicines prescribed for (you/SP)?

PRESMDCN

YES	1	(MP13)
NO	2	***BOX MP4***
REFUSED	-7	***BOX MP4***
DON'T KNOW	-8	***BOX MP4***

MP13. Were any of the prescriptions filled?

PRESFILL

YES	1	(MP14)
NO	2	***BOX MP4***
REFUSED	-7	***BOX MP4***
DON'T KNOW	-8	***BOX MP4***

MP14. Please tell me the names of these medicines.
[ENTER ALL MEDICINES.] [CHECK SPELLING.]
PMEDNAME

	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS PROVIDER IS:	
BOX MP4	0	(GO TO ***BOX MP6(b)***)
	1-4	(RETURN TO ***BOX MP2A***/MP7/MP10 FOR NEXT VISIT)
	5 OR MORE	(***BOX MP5***)

BOX MP5	IF MP7 CODED 1 FOR THIS VISIT, RETURN TO MP7/MP10 FOR NEXT VISIT. IF MP 7 CODED -1, 2, -7 OR -8 AND MP10 = 1, GO TO MP15. IF MP7 CODED -1, 2, -7 OR -8 AND MP10 = 2, -7 OR -8, GO TO MP7/MP10 FOR NEXT VISIT.

MP15. You told me that (you/SP) also went to (PROVIDER) on [READ DATES BELOW]. Were any of these visits made for the same condition as the one you've just told me about?

SAMEREAS

YES	1	(MP16)
NO	2	(MP7/MP10 FOR NEXT VISIT)
REFUSED	-7	(MP7/MP10 FOR NEXT VISIT)
DON'T KNOW	-8	(MP7/MP10 FOR NEXT VISIT)

MP16. Which visits were the same? What were the dates? [ENTER ALL DATES.]
EVNTLINK

BOX MP6	a. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO ***BOX MP2A*** /MP7/MP10 FOR NEXT UNFLAGGED VISIT. b. IF THIS VISIT ADDED THROUGH MP1/MP18/MP26/MP34/MP42/MP50, GO TO MP17/MP25/MP33/MP41/MP49/MP56. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO ***BOX ST12*** . IF THIS VISIT ADDED THROUGH NS, GO TO ***BOX NS11***.

MP17. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any <u>other</u> visits to this doctor or any other medical doctor?

YES	1	(MP2)
NO	2	***BOX MP6A***
REFUSED	-7	***BOX MP6A***
DON'T KNOW	-8	***BOX MP6A***

BOX MP6A	IF NO MP VISITS FOR THIS ROUND OR SP IS DECEASED OR INSTITUTIONAL, GO TO MP18. OTHERWISE, FOR THE FOLLOWING: MOST RECENT MP VISIT IS AN MP VISIT WHERE MP6A=2 OR MISSING **AND** PROVIDER ROSTER SPECIALTY (PROVSPEC)=2. GO TO AC20, AC21, AC24-AC28 FOR MOST RECENT MP VISIT.

AC20. Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital. What is the doctor's specialty?
MDSPCLTY
MDSPCLOS

AC21. What was the reason (you/SP) saw the doctor?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

MDMCOND	MEDICAL CONDITION NAMED	1
MDTESTS	TESTS	2
MDFOLUP	FOLLOWUP	3
MDCHKUP	CHECKUP	4
MDRFRL	REFERRAL	5
MDSURGY	SURGERY	6
MDOTHER	OTHER (SPECIFY)	91
MDOTHOS	REFUSED	-7
	DON'T KNOW	-8

AC22./AC23. OMITTED.

AC24. Did (you/SP) have an appointment for this visit with the medical doctor or did (you/he/she) just walk in?

MDAPPT	APPOINTMENT	1	(AC25)
	WALKED IN	2	(AC27)
	REFUSED	-7	(AC27)
	DON'T KNOW	-8	(AC27)

AC25. Did someone tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

MDDRTEL	TOLD TO COME BACK DURING EARLIER VISIT	1	(AC27)
	CALLED FOR APPOINTMENT	2	(AC26)
	REFUSED	-7	(AC27)
	DON'T KNOW	-8	(AC27)

AC26. How long did (you/SP) have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?

MDAWUNT	DID NOT HAVE TO WAIT	0	(AC27)
	DAYS	1	(a)
	WEEKS	2	(b)
	MONTHS	3	(c)
	REFUSED	-7	(AC27)
	DON'T KNOW	-8	(AC27)

MDAWDAY	a.	NUMBER OF DAYS _____
MDAWWKS	b.	NUMBER OF WEEKS _____
MDAWMOS	c.	NUMBER OF MONTHS _____

AC27. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the medical doctor take altogether?

MDVLUNT	HOURS ONLY	1	(a)
	MINUTES ONLY	2	(b)
	HOURS AND MINUTES	3	(a & b)
	REFUSED	-7	(AC28)
	DON'T KNOW	-8	(AC28)

MDVLHRS	a.	NUMBER OF HOURS _____
MDVLMIN	b.	NUMBER OF MINUTES _____

AC28. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

MDVWUNT	DID NOT HAVE TO WAIT	0	(MP18)
	HOURS ONLY	1	(a)
	MINUTES ONLY	2	(b)
	HOURS AND MINUTES	3	(a & b)
	REFUSED	-7	(MP18)
	DON'T KNOW	-8	(MP18)
MDVWHRS	a. NUMBER OF HOURS _____		
MDVWMIN	b. NUMBER OF MINUTES _____		(GO TO MP18)

MP18. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a health practitioner like any of the ones listed on this card? [Health practitioners include audiologist, optometrist, chiropractor, podiatrist (foot doctor), or any kind of health provider who is not a medical doctor.]
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]

SHOW CARD MP1	**MPPRPRAC**	YES	1	(MP19)
		NO	2	(MP26)
		REFUSED	-7	(MP26)
		DON'T KNOW	-8	(MP26)

MP19. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

MP20. What kind of health practitioner is (PROVIDER)?
PROVSPEC

BOX MP7	a.	SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	***BOX MP8***
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1	***BOX MP8***
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(MP21)

MP21. Is (PROVIDER) associated with a facility of the Veterans Administration?

VAPLACE	YES	1	
	NO	2	
	REFUSED	-7	
	DON'T KNOW	-8	

BOX MP8	a.	SP BELONGS TO AN HMO (HI25=1 FOR ANY PLAN	1	(b)
		SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS	2	(MP24)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER	1	(MP24)
		FOR THIS PROVIDER	2	(MP23)
		"HMO FLAG" NOT SET FOR THIS PROVIDER	3	(MP22)

MP22. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

HMOASSOC

YES	1	(MP24)
NO	2	(MP23)
REFUSED	-7	(MP23)
DON'T KNOW	-8	(MP23)

MP23. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

MP24. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVBEGMM
EVBEGDD
EVBEGYY

BOX MP9	FOR EACH VISIT DATE REPORTED AT MP24: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, OR 27, THEN ASK MP10-MP16. OTHERWISE ASK MP7 - MP16 . FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP25.

MP25. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this practitioner or any other health practitioner?

YES	1	(MP19)
NO	2	(MP26)
REFUSED	-7	(MP26)
DON'T KNOW	-8	(MP26)

MP26. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, and clinical social worker.]

SHOW CARD MP2	**MPPRMENT**	YES	1	(MP27)
		NO	2	(MP34)
		REFUSED	-7	(MP34)
		DON'T KNOW	-8	(MP34)

MP27. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

MP28. What kind of mental health professional is (PROVIDER)?
PROVSPEC

BOX MP10	a.....SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
	SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	BOX MP11
	b....."V.A. FLAG" SET FOR THIS PROVIDER	1	BOX MP11
	"V.A. FLAG" NOT SET FOR THIS PROVIDER	2 (MP29)	

MP29. Is (PROVIDER) associated with a facility of the Veterans Administration?

VAPLACE	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX MP11	a.SP BELONGS TO AN HMO (HI25=1 FOR ANY PLAN ……1	(b)
	SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS)……2	(MP32)
	b."HMO FLAG" CODED YES FOR THIS PROVIDER ……1	(MP32)
	"HMO FLAG" CODED NO OR DON'T KNOW FOR THIS PROVIDER ……2	(MP31)
	"HMO FLAG" NOT SET FOR THIS PROVIDER ……3	(MP30)

MP30. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

HMOASSOC

YES	1	(MP32)
NO	2	(MP31)
REFUSED	-7	(MP31)
DON'T KNOW	-8	(MP31)

MP31. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES	1	
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

MP32. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND NTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVBEGMM
EVBEGDD
EVBEGYY

BOX MP12	FOR EACH VISIT DATE REPORTED AT MP32: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26 OR 27, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP33.

MP33. Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this professional or any other mental health professional?

YES	1	(MP27)
NO	2	(MP34)
REFUSED	-7	(MP34)
DON'T KNOW	-8	(MP34)

MP34. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, occupational therapist, and respiratory therapist.]

SHOW CARD MP3

MPPRTHER

YES	1	(MP35)
NO	2	(MP42)
REFUSED	-7	(MP42)
DON'T KNOW	-8	(MP42)

MP35. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

MP36. What kind of therapist is (PROVIDER)?
PROVSPEC

BOX MP13	a. SP HAS USED V.A. FACILITIES (HI36=1) ……1 (b) SP HAS NOT USED V.A. (HI36=2 OR MISSING) ……2 BOX MP14 b. "V.A. FLAG" SET FOR THIS PROVIDER ……1 BOX MP14 "V.A. FLAG" NOT SET FOR THIS PROVIDER ……2 (MP37)

MP37. Is (PROVIDER) associated with a facility of the Veterans Administration?

VAPLACE

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

BOX MP14	a.SP BELONGS TO AN HMO (HI25=1 FOR ANY PLAN ……1 (b) SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS) ……..2 (MP40) b."HMO FLAG" CODED YES FOR THIS PROVIDER ……..1 (MP40) "HMO FLAG" CODED NO OR DON'T KNOW FOR THIS PROVIDER ……2 (MP39) "HMO FLAG" NOT SET FOR THIS PROVIDER ……..3 (MP38)

MP38. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

HMOASSOC

YES	1	(MP40)
NO	2	(MP39)
REFUSED	-7	(MP39)
DON'T KNOW	-8	(MP39)

MP39. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

MP40. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVBEGMM EVBEGDD EVBEGYY

BOX MP15	FOR EACH VISIT DATE REPORTED AT MP40: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26 OR 27, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP41.

MP41. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this therapist or any other therapist?

YES	1	(MP35)
NO	2	(MP42)
REFUSED	-7	(MP42)
DON'T KNOW	-8	(MP42)

MP42. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any other medical persons like the ones listed on this card? [Other medical persons include nurse, paramedic, and physician's assistant.]
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]

SHOW CARD MP4 **MPPRPERS**

YES	1	(MP43)
NO	2	(MP50)
REFUSED	-7	(MP50)
DON'T KNOW	-8	(MP50)

MP43. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

MP44. What kind of medical person is (PROVIDER)?
PROVSPEC

BOX MP16	a.SP HAS USED V.A. FACILITIES (HI36=1) ……1 (b) SP HAS NOT USED V.A. (HI36=2 OR MISSING) ……..2 BOX MP17 b."V.A. FLAG" SET FOR THIS PROVIDER ……..1 BOX MP17 "V.A. FLAG" NOT SET FOR THIS PROVIDER……2 (MP45)

MP45. Is (PROVIDER) associated with a facility of the Veterans Administration?

VAPLACE

YES 1
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

BOX MP17	a.SP BELONGS TO AN HMO (HI25=1 FOR ANY PLAN ……..1	(b)
	SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS) ……..2	(MP48)
	b."HMO FLAG" CODED YES FOR THIS PROVIDER ……..1	(MP48)
	"HMO FLAG" CODED NO OR DON'T KNOW FOR THIS PROVIDER ……2	(MP47)
	"HMO FLAG" NOT SET FOR THIS PROVIDER ……3	(MP46)

MP46. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

HMOASSOC

YES 1 (MP48)
NO 2 (MP47)
REFUSED ..... -7 (MP47)
DON'T KNOW ..... -8 (MP47)

MP47. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES ……..1
NO ……2
DON'T KNOW ……..-8

MP48. When did (you/SP) see (PROVIDER)? Please tell me all the dates since (REF. DATE)? [ENTER ALL DATES.]

EVBEGMM **EVBEGDD** **EVBEGYY**

BOX MP18	FOR EACH VISIT DATE REPORTED AT MP48: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26 OR 27 THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP49.

MP49. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this person or any other medical person?

YES ……1 (MP43)
NO ……..2 (MP50)
REFUSED ……-7 (MP50)
DON'T KNOW ……-8 (MP50)

MP50. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) visited/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) visit] any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]

SHOW CARD MP5

MPPRPLAC

YES 1 (MP51)
NO ..... 2 ***BOX OM1***
REFUSED ..... -7 ***BOX OM1***
DON'T KNOW ..... -8 ***BOX OM1***

MP51. What is the name of the other medical place that (you/SP) visited during this time?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

BOX MP19

a. SP HAS USED V.A. FACILITIES (HI36=1) ..... 1 (b)
SP HAS NOT USED V.A. (HI36=2 OR MISSING) ..... 2 ***BOX MP20***

b. "V.A. FLAG" SET FOR THIS PROVIDER ..... 1 ***BOX MP20***
"V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (MP52)

MP52. Is (PLACE) associated with a facility of the Veterans Administration?

VAPLACE

YES ……1
NO ……2
REFUSED ……..-7
DON'T KNOW ……-8

BOX MP20	a.	SP BELONGS TO AN HMO (HI25=1 FOR ANY PLAN	1	(b)
		SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS)	2	(MP55)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER	1	(MP55)
		"HMO FLAG" CODED NO OR DON'T KNOW FOR THIS PROVIDER	2	(MP54)
		"HMO FLAG" NOT SET FOR THIS PROVIDER	3	(MP53)

MP53. Is (PLACE) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

HMOASSOC

YES	1	(MP55)
NO	2	(MP54)
REFUSED	-7	(MP54)
DON'T KNOW	-8	(MP54)

MP54. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

MP55. When did (you/SP) visit (PLACE)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVBEGMM EVBEGDD EVBEGYY

BOX MP21	ASK MP7 - MP16 FOR EACH VISIT DATE REPORTED AT MP55. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP56.

MP56. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this place or any other type of medical place?

YES	1	(MP51)
NO	2	***BOX OM1***
REFUSED	-7	***BOX OM1***
DON'T KNOW	-8	***BOX OM1***

MP1. MEDICAL PROVIDER UTILIZATION AND EVENTS

MEDICAL PROVIDER SPECIALTY CODE LIST

1. DENTIST/DENTAL PROVIDER
2. MEDICAL DOCTOR
3. AUDIOLOGIST
4. CHIROPRACTOR
5. CLINICAL SOCIAL WORKER
6. DIETITIAN-NUTRITIONIST
7. HEARING THERAPIST
8. HOME HEALTH/HEALTH AIDE
9. HOMEMAKER
10. HOSPICE WORKER
11. I.V. THERAPIST
12. NURSE (RN)
13. NURSE PRACTITIONER (LPN)
14. NURSE'S AIDE
15. OCCUPATIONAL THERAPIST (OT)
16. OPTOMETRIST
17. OSTEOPATH (DO)
18. PARAMEDIC
19. PHYSICAL THERAPIST (PT)
20. PHYSICIAN'S ASSISTANT
21. PODIATRIST (FOOT DOCTOR)
22. PSYCHOLOGIST
23. RESPIRATORY THERAPIST
24. SOCIAL/CASE WORKER
25. SPEECH THERAPIST
26. THERAPIST (MENTAL HEALTH)
27. X-RAY TECHNICIAN

91 OTHER MEDICAL PROVIDER SPECIALTY (NON-MD) (SPECIFY)